

Case Number:	CM15-0047429		
Date Assigned:	03/19/2015	Date of Injury:	12/24/1993
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/11/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old female, who sustained an industrial injury on 12/24/1993. Diagnoses include pain in joint of lower leg, arthropathy not otherwise specified of lower leg, brachial neuritis or radiculitis, and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included medications, ice, heat and exercises. Per the Primary Treating Physician's Progress Report dated 2/13/2015, the injured worker reported neck pain, lower back pain, right shoulder pain and left knee pain. The pain is rated as 7/10 and is described as aching, burning and sharp with radiation to the right arm, right forearm, right hand, left thigh, left leg and left foot. Physical examination revealed restricted cervical range of motion. Cervical facet loading is positive on both sides. There is tenderness to palpation of the left knee over the lateral joint line, medial joint line and patella. Her gait has a left sided mid-strike, push off antalgic gait and is assisted by a cane. The plan of care included tapering of narcotic medications, continuation of ice, heat, medications and a Craftmatic adjustable bed. Disability status is temporarily totally disabled. Authorization was requested for a Craftmatic bed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Craftmatic bed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mattress selection, low back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Mattress selection and Neck and Upper Back Chapter, Pillow.

Decision rationale: Regarding the request for a Craftmatic bed, CA MTUS does not address the issue. ODG cites that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. For the neck/upper back, ODG recommends only a neck support pillow while sleeping, in conjunction with daily exercise. Within the documentation available for review, there is no clear indication for a specialized bed despite the recommendations of the guidelines. In light of the above issues, the currently requested Craftmatic bed is not medically necessary.